

Regular Employee New Hire Guide



Welcome to King County!

As a regular county employee, you and your eligible dependents enjoy a comprehensive package of health and insurance benefits. This guide describes those benefits, explains your election options and includes the forms you need (beginning on page 27) to enroll you and your family.

Please review the information in this guide and if you need more details, contact the resources listed in the Resource Directory section or refer to *Your King County Benefits*, the collection of plan booklets available at New Employee Orientation or www.kingcounty.gov/employees/benefits, or from Benefits and Retirement Operations.

Return your enrollment forms ***within 30 days of your hire date*** to:

**King County Benefits and Retirement Operations
The Chinook Building, CNK-ES-0240
401 Fifth Avenue
Seattle WA 98104-2333**

If you don't return your forms ***within 30 days of your hire date***, your eligible dependents may not be covered and default coverage may be assigned to you (see third "key point" on page 3).

This guide isn't a complete description of each benefit plan. If you have questions about specific plan details, please refer to *Your King County Benefits* or contact the resources listed in the Resource Directory. We've made every attempt to ensure the accuracy of this information. However, if there is any discrepancy between the benefit descriptions and the insurance contracts or other legal documents, the legal documents will always govern. King County intends to continue benefit plans indefinitely, but reserves the right to amend or terminate them at any time in whole or in part, for any reason, according to the amendment and termination procedures described in the legal documents. King County, as plan administrator, has the sole discretionary authority to determine eligibility for benefits and to construe the terms of the plans. This information doesn't create a contract of employment between King County and any employee.

Call 206-684-1556 for alternate formats.

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Eight Key Points

- 1.** King County pays for medical, dental and vision coverage for you and the eligible family members you enroll, plus basic life, accidental death and dismemberment (AD&D), and long-term disability (LTD) insurance for you. When you first enroll you have a choice of medical plans and may purchase supplemental life and supplemental AD&D for yourself and family members, plus supplemental LTD for yourself. If you and your spouse/domestic partner are both county employees, you may not cover each other as a dependent under your medical, dental and vision coverage or under your enhanced life and AD&D.
- 2.** If you don't elect supplemental life now, you must wait until certain qualifying events occur to add it later. If you don't elect supplemental AD&D now, you must wait until the next open enrollment to add it. If you don't elect supplemental LTD now, you lose the opportunity to add it later. For details, see the Important Facts booklet in *Your King County Benefits*.
- 3.** If you don't return your enrollment forms to Benefits and Retirement Operations **within 30 days of your hire date**, your eligible family members may not be covered and you may be assigned this default coverage:
 - KingCareSM Medical
 - Dental
 - Vision
 - Basic life insurance
 - Basic AD&D insurance
 - Basic LTD insurance
- 4.** Unless modified by your collective bargaining agreement, your benefit coverage begins the first calendar day of the month following your hire date (the first day you report to work). However, if your hire date is the first calendar day of the month, your coverage begins the same day.
- 5.** It takes several weeks to process your enrollment and issue your medical card (no cards are issued for dental or vision). If you don't receive your medical card within 30 days, contact your medical plan. If you have difficulty getting services, contact Benefits and Retirement Operations.
- 6.** Open enrollment every November lets you change coverage effective the following January. You may:
 - Change medical plans
 - Add or increase supplemental AD&D for yourself and family members
 - Add eligible family members not previously covered.
- 7.** You may make certain changes to your benefit coverage between open enrollments. Generally, you must notify Benefits and Retirement Operations within 30 days of the event prompting the change; change forms are available at www.kingcounty.gov/employees/benefits and provide more details. Between open enrollments you may:
 - Drop family members from coverage
 - Drop or reduce self-paid coverage (supplemental life, supplemental AD&D or supplemental LTD)
 - Add eligible family members for coverage if you have a qualifying event such as a:
 - Birth or placement for adoption of a child
 - Placement of a legal ward
 - Qualified Medical Child Support Order
 - Marriage or establishment of a domestic partnership
 - Significant change in your spouse/domestic partner's employer-sponsored coverage
 - Opt back in for medical coverage if you lose other coverage (see explanation on page 7)
 - Request continuation of coverage for a child past age 25 if the child is currently enrolled under your plans, incapacitated due to developmental or physical disability and chiefly dependent on you for support.
- 8.** Questions? Please contact the resources listed in the Resource Directory section of this guide or refer to *Your King County Benefits*, the collection of plan booklets available at New Employee Orientation or www.kingcounty.gov/employees/benefits, or from Benefits and Retirement Operations.

Benefits That Need No Decisions

You and the eligible family members you enroll automatically receive dental and vision coverage, and you receive basic life, basic accidental death and dismemberment (AD&D) and basic long-term disability (LTD) insurance for yourself. These “automatic” benefits need no decisions and aren’t listed on your enrollment forms.

For more details, refer to the plan booklets in *Your King County Benefits*.

► You automatically receive dental coverage

Dental coverage is provided by Washington Dental Service. You can use any dentist you wish, but the benefits are generally higher (your out-of-pocket expenses are less) and the dentist automatically files your claim if you see a WDS dentist (most dentists in Washington participate in the WDS plan).

WDS increases your payment levels through an incentive program as long as you see your dentist each year:

- For diagnostic and preventive services as well as basic services, the payment level starts at 70% and increases 10% in January of each year until you reach 100% (if you don’t see the dentist during the calendar year your payment level is reduced to the next lower payment level, but never below 70%)
- For major restorative services the payment level increases from 70% to 80%, then to 85%.

If you’re a new hire, coverage begins at the 70% incentive level; levels “earned” under another group plan don’t apply to the county plan. However, incentive levels are adjusted based on previous participation in the county plan if you’re a:

- Recalled or reinstated employee
- Rehired employee who’s continued county coverage uninterrupted under COBRA between your previous county employment and rehire (if county coverage has been interrupted, new hire incentive levels apply).

Plan Feature	
Annual deductible (doesn't apply to diagnostic and preventive services, orthodontic services or accidental injuries)	\$25/person; \$75/family
Annual maximum benefit (doesn't apply to orthodontic or TMJ services)	\$2,000/person
Covered Expenses	Dental Plan Pays
Diagnostic and preventive services <ul style="list-style-type: none"> • Exam and cleaning, twice/calendar year • Oral health assessment • Periodontal cleaning and maintenance up to 4 times/calendar year (under certain oral health conditions) • Complete X-rays every 3 years • Supplementary bitewing X-rays, twice/calendar year 	70%–100% based on patient's incentive level (deductible doesn't apply)
Basic services <ul style="list-style-type: none"> • Crowns (stainless steel) • Extractions • Fillings • Periodontics • Root canals 	70%–100% based on patient's incentive level
Major services <ul style="list-style-type: none"> • Crowns (gold, porcelain) • Onlays • Periodontics—occlusal (night) guard 	70%–85% based on patient's incentive level 50% occlusal guard (incentive levels don't apply). Your medical plan may provide additional coverage.
Major services—Prosthodontics <ul style="list-style-type: none"> • Dentures • Fixed bridges • Implants 	70% (incentive levels don't apply)
Orthodontic services for adults and children	50% up to a \$2,500 lifetime maximum (deductible, incentive levels and annual maximums don't apply) Not more than \$1,250 will be paid during the initial stage of treatment; the remaining plan benefit is paid seven months after the initial stage if the covered participant still meets eligibility requirements.
Temporomandibular joint (TMJ) disorders	50% up to a \$500 lifetime maximum for non-surgical treatment and appliances (deductible, incentive levels and annual maximums don't apply). Your medical plan may provide additional coverage.
Accidental injury	100% for covered expenses incurred within 180 days of accident (deductible doesn't apply)

► You automatically receive vision coverage

Vision coverage is provided by Vision Service Plan. You can use any eye care provider you wish, but the benefits are generally higher (your out-of-pocket expenses are less) and the provider automatically files your claim if you see a VSP provider. (Group Health provides routine vision exams under its medical plan, but none of the other vision benefits listed below; VSP providers may not accept a Group Health prescription for lenses.)

Vision Plan		
Covered Expenses	If you see a VSP provider, you pay a \$10 copay and the plan pays the amount listed below	If you see a non-VSP provider, you pay the bill in full and the plan reimburses you the amounts listed below, minus a \$10 copay
<i>Exam (once every 12 months)</i>	100%	Up to \$40
<i>Eyeglass lenses (one pair every 12 months)</i>		
• Single vision	100%	Up to \$40
• Lined bifocal	100%	Up to \$60
• Lined trifocal	100%	Up to \$80
• Progressive lenses	100%	Up to trifocal allowance of \$80
• Lenticular	100%	Up to \$125
• Polycarbonate lenses for children	100%	Not covered
• Anti-reflective coating	100%	Not covered
• Color/mirror coating	100%	Not covered
• Scratch coating	100%	Not covered
• Tints/photochromic lenses	100%	Up to \$5
• UV lenses	100%	Not covered
<i>Eyeglass frames (once every 24 months)</i>	Up to \$130; if you choose a frame that costs more than the VSP allowable amount, you'll receive 20% off your out-of-pocket cost	Up to \$45
<i>Contact lenses (once every 12 months in place of eyeglass lenses and frames)</i>		
• Elective (Providers may bill you for contact lenses separately or they may include the lenses, fittings and follow-up fees in a single bill; all contact lens fees apply to the \$105 maximum paid by the plan)	Up to \$105	Up to \$105
• Medically necessary	100% (Preauthorization required)	Up to \$210 (Preauthorization required)
• Low-vision benefit	75% up to \$1,000 (Preauthorization required)	75% up to \$1,000 (Preauthorization required)

► **You automatically receive basic life insurance**

The county pays for basic life insurance for you. If you die for any reason, your beneficiaries receive a lump sum equal to your base annual salary (rounded to the next highest \$1,000). The benefit increases as your salary increases, to a maximum of \$200,000. (You may purchase supplemental life insurance for yourself and family, as explained beginning on page 17.)

► **You automatically receive basic AD&D insurance**

The county pays for basic accidental death and dismemberment insurance for you. If you die in a covered accident, your beneficiaries receive a lump sum equal to your base annual salary (rounded to the next highest \$1,000). The benefit increases as your salary increases, to a maximum of \$200,000. For dismemberment, paralysis and other covered losses, you receive an amount determined by the type of loss. (You may purchase supplemental AD&D insurance for yourself and family, as explained beginning on page 18.)

Your AD&D benefit includes some additional benefits, like emergency help while traveling from Worldwide Assistance; for details, see the CIGNA AD&D booklet in *Your King County Benefits*.

► **You automatically receive basic LTD insurance**

The county pays for basic long-term disability insurance for you. If you become disabled, are unable to work and apply for LTD, this benefit combines with other sources of disability income to replace 60% of your predisability earnings (to a maximum benefit of \$6,000 a month) after a 180-day waiting period. (You may purchase supplemental LTD insurance for yourself, as explained on page 19.)

Benefits That Need Your Decisions

You must submit the enrollment forms (beginning on page 27) to Benefits and Retirement Operations ***within 30 days of your hire date*** to:

- Choose your medical plan
- Elect supplemental life and supplemental accidental death and dismemberment (AD&D) insurance for yourself and eligible family members
- Elect supplemental long-term disability (LTD) insurance for yourself
- Designate your beneficiaries for life, AD&D and LTD survivor benefit insurance
- Cover your eligible family members.

These "decision" benefits are summarized in the following sections. For more details, including exclusions, limitations or preauthorization requirements, contact the resources listed in the Resource Directory section of this guide or refer to *Your King County Benefits*, the collection of plan booklets available at New Employee Orientation or www.kingcounty.gov/employees/benefits, or from Benefits and Retirement Operations.

► **What medical plan is best for you?**

You may choose from two medical plan options or you may opt out of medical coverage and receive an additional \$65 in monthly pay, taxed as ordinary income. The option you select is also the option your family members receive.

To opt out of medical coverage, you must have coverage through another employer's medical plan and submit a copy of the other medical plan card with your enrollment form. When you opt out of medical, it doesn't affect other health coverage; you and your covered family members continue to receive county-paid dental and vision benefits. You may opt back in if you lose your other medical coverage by

submitting an Opt Back In form to Benefits and Retirement Operations within 30 days of losing coverage.

When you cover a spouse/domestic partner who also has access to medical coverage through an employer, you will pay a monthly \$35 benefit access fee for your spouse/domestic partner's coverage under your county plan. If you do not want to pay the \$35/month benefit access fee, you may elect not to add your spouse/domestic partner to your county medical coverage while still adding him/her to your county dental and vision coverage.

The following two tables summarize the features and covered expenses of the two medical plan options for 2007.

Please note that two separate companies process claims for the KingCareSM plans. If you chose the KingCareSM plan, you receive a medical card from Aetna to use for all medical claims (physician visits, hospital, lab work, etc.) and a prescription card from Express Scripts to use for all outpatient, retail pharmacy and mail-order prescription drug claims.

KingCareSM

Plan Feature	KingCare SM Gold	KingCare SM Silver	KingCare SM Bronze
<i>Provider choice</i>	<p>You may choose any qualified provider, but you receive higher coverage when you use network providers.</p> <p>Reimbursement for out-of-network medical services is based on reasonable and customary (R&C) rates, and reimbursement for out-of-network prescription drug services is based on the rates Express Scripts pays its network pharmacies. You pay amounts in excess of these rates.</p>		
<i>Annual deductible</i>	<p>\$100/person; \$300/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</p>	<p>\$300/person; \$900/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</p>	<p>\$500/person; \$1,500/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</p>
<i>Copays</i>	Applicable only to emergency room care and prescription drugs		
<i>After the deductible/copays, the plan pays most covered services at these levels until you reach the annual out-of-pocket maximum</i>	<p>Network: 90% (You pay 10% coinsurance)</p> <p>Out-of-network: 70% (You pay 30% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)</p>	<p>Network: 80% (You pay 20% coinsurance)</p> <p>Out-of-network: 60% (You pay 40% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)</p>	<p>Network: 80% (You pay 20% coinsurance)</p> <p>Out-of-network: 60% (You pay 40% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)</p>
<i>Annual out-of-pocket maximum</i>	<p>Network: \$800/person or \$1,600/family, plus deductible</p> <p>Out-of-network: \$1,600/person or \$3,200/family, plus deductible</p> <p>Doesn't apply to prescriptions</p>	<p>Network: \$1,000/ person or \$2,000/ family, plus deductible</p> <p>Out-of-network: \$1,800/ person or \$3,600/ family, plus deductible</p> <p>Doesn't apply to prescriptions</p>	<p>Network: \$1,200/ person or \$2,400/ family, plus deductible</p> <p>Out-of-network: \$2,000/person or \$4,000/family, plus deductible</p>

Plan Feature	KingCare SM Gold	KingCare SM Silver	KingCare SM Bronze
<i>After you reach the out-of-pocket maximum, most benefits are paid for the rest of the calendar year at this level</i>	Network: 100% Out-of-network: 100% of R&C charges		
<i>Lifetime maximum</i>	\$2,000,000	\$2,000,000	\$2,000,000

<i>Alternative care (including medically necessary acupuncture, hypnotherapy and massage therapy)</i>	Network: 90% Out-of-network: 70% Massage therapy must be prescribed by a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)	Network: 80% Out-of-network: 60% Massage therapy must be prescribed by a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)	Network: 80% Out-of-network: 60% Massage therapy must be prescribed by a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)
<i>Ambulance services</i>	Network: 90% Out-of-network: 90%	Network: 80% Out-of-network: 80%	Network: 80% Out-of-network: 80%
<i>Chemical dependency treatment (requires preauthorization)</i>	Network: 100% Out-of-network: 70% Up to \$15,000 in 24 consecutive months for combined network and out-of-network services (maximum subject to annual adjustment)	Network: 80% Out-of-network: 60% Up to \$15,000 in 24 consecutive months for combined network and out-of-network services (maximum subject to annual adjustment)	Network: 80% Out-of-network: 60% Up to \$15,000 in 24 consecutive months for combined network and out-of-network services (maximum subject to annual adjustment)
<i>Chiropractic care and manipulative therapy (like all services, must be medically necessary)</i>	Network: 90% Out-of-network: 70% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders	Network: 80% Out-of-network: 60% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders	Network: 80% Out-of-network: 60% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders
<i>Diabetes care training</i>	Network: 90% when prescribed by your physician Out-of-network: 70% when prescribed by your physician	Network: 80% when prescribed by your physician Out-of-network: 60% when prescribed by your physician	Network: 80% when prescribed by your physician Out-of-network: 60% when prescribed by your physician
<i>Diabetes supplies (insulin, needles, syringes, lancets, etc.)</i>	Covered under prescription drugs		
<i>Durable medical equipment, prosthetics and orthopedic appliances</i>	Network: 90% Out-of-network: 70% Preauthorization required for expense of \$1,000 or more	Network: 80% Out-of-network: 60% Preauthorization required for expense of \$1,000 or more	Network: 80% Out-of-network: 60% Preauthorization required for expense of \$1,000 or more

<i>Emergency room care (Also see "Urgent Care")</i>	Emergency care, network: 90% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 90% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 70% after \$100 copay/visit Non-emergency care, out-of-network: 70% after \$100 copay/visit	Emergency care, network: 80% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 80% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 60% after \$100 copay/visit Non-emergency care, out-of-network: 60% after \$100 copay/visit	Emergency care, network: 80% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 80% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 60% after \$100 copay/visit Non-emergency care, out-of-network: 60% after \$100 copay/visit
<i>Family planning</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<i>Growth hormones</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized May also be covered under the prescription drug benefit	Network: 80% when preauthorized Out-of-network: 60% when preauthorized May also be covered under the prescription drug benefit	Network: 80% when preauthorized Out-of-network: 60% when preauthorized May also be covered under the prescription drug benefit
<i>Hearing aids</i>	100%, up to \$500 in 36 months for combined network and out-of-network services Deductible doesn't apply		
<i>Home health care</i>	100% when preauthorized, up to 130 visits/year for combined network and out-of-network services		
<i>Hospice care</i>	100% when preauthorized 12-month lifetime maximum 120-hour maximum for respite care in any 3-month period 12-month maximum for bereavement services		
<i>Hospital care</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
<i>Infertility</i>	Network: 90% Out-of-network: 70% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services	Network: 80% Out-of-network: 60% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services	Network: 80% Out-of-network: 60% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services
<i>Injury to teeth</i>	Network: 90% Out-of-network: 70% Up to \$600/accident for combined network and out-of-network services	Network: 80% Out-of-network: 60% Up to \$600/accident for combined network and out-of-network services	Network: 80% Out-of-network: 60% Up to \$600/accident for combined network and out-of-network services
<i>Inpatient care alternatives</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized

<i>Jaw abnormalities, or malocclusions (covered when medically necessary)</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
<i>Lab, X-ray and other diagnostic testing</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<i>Maternity care</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<i>Mental health care (when deemed appropriate, 2 unused outpatient visits may be traded for 1 inpatient day, or vice versa; requires preauthorization)</i>	Network: 90% Out-of-network: 70% <i>For inpatient care:</i> Up to 30 days/year for combined network and out-of-network services <i>For outpatient care:</i> Up to 52 visits/year for combined network and out-of-network services	Network: 80% Out-of-network: 60% <i>For inpatient care:</i> Up to 30 days/year for combined network and out-of-network services <i>For outpatient care:</i> Up to 52 visits/year for combined network and out-of-network services	Network: 80% Out-of-network: 60% <i>For inpatient care:</i> Up to 30 days/year for combined network and out-of-network services <i>For outpatient care:</i> Up to 52 visits/year for combined network and out-of-network services
<i>Naturopathy</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<i>Neurodevelopmental therapy for covered dependents age 6 and under</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized Up to \$2,000/year for combined network and out-of-network services	Network: 80% when preauthorized Out-of-network: 60% when preauthorized Up to \$2,000/year for combined network and out-of-network services	Network: 80% when preauthorized Out-of-network: 60% when preauthorized Up to \$2,000/year for combined network and out-of-network services
<i>Obesity surgery or other procedures, treatment or services, such as gastric intestinal bypass surgery</i>	Network: 90% when preauthorized and medically necessary Out-of-network: 70% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization	Network: 80% when preauthorized and medically necessary Out-of-network: 60% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization	Network: 80% when preauthorized and medically necessary Out-of-network: 60% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization
<i>Out-of-area coverage—for example, while traveling or for your covered children away at school</i>	Same coverage as when home, through Aetna and Express Scripts national provider networks		
<i>Phenylketonuria (PKU) formula</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%
<i>Physician and other medical/surgical services</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%

<i>Prescription drugs—Up to a 30-day supply through network pharmacies</i>	<p>Generic: 100% after \$10 copay</p> <p>Preferred brand: 100% after \$15 copay (\$20 if generic is available; but if you're unable to take it for medical reasons, the \$15 copay applies)</p> <p>Non-preferred brand: 100% after \$25 copay (\$30 if generic is available; but if you're unable to take it for medical reasons, the \$25 copay applies)</p> <p>Prescriptions filled at out-of-network pharmacies are reimbursed at the rate Express Scripts pays to network pharmacies, less your copay.</p>		
<i>Prescription drugs—Up to a 90-day supply through mail-order network only</i>	<p>Generic: 100% after \$20 copay</p> <p>Preferred brand: 100% after \$30 copay (\$40 if generic is available; but if you're unable to take it for medical reasons, the \$30 copay applies)</p> <p>Non-preferred brand: 100% after \$50 copay (\$60 if generic is available; but if you're unable to take it for medical reasons, the \$50 copay applies)</p>		
<i>Preventive care (well-child check-ups, immunizations, routine health and hearing exams, etc.)</i>	<p>Network: 100%</p> <p>Out-of-network: 70%</p> <p>Deductible doesn't apply</p>	<p>Network: 100%</p> <p>Out-of-network: 60%</p> <p>Deductible doesn't apply</p>	<p>Network: 100%</p> <p>Out-of-network: 60%</p> <p>Deductible doesn't apply</p>
<i>Radiation therapy, chemotherapy and respiratory therapy</i>	<p>Network: 90%</p> <p>Out-of-network: 70%</p>	<p>Network: 80%</p> <p>Out-of-network: 60%</p>	<p>Network: 80%</p> <p>Out-of-network: 60%</p>
<i>Reconstructive services (includes benefits for mastectomy-related services; reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from mastectomy, including lymphedema)—Call plan for more information.</i>	<p>Network: 90%</p> <p>Out-of-network: 70%</p>	<p>Network: 80%</p> <p>Out-of-network: 60%</p>	<p>Network: 80%</p> <p>Out-of-network: 60%</p>
<i>Rehabilitative services—Inpatient and outpatient</i>	<p>Network: 90%</p> <p>Out-of-network: 70%</p> <p><i>Inpatient:</i> Up to 60 days/year</p> <p><i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)</p>	<p>Network: 80%</p> <p>Out-of-network: 60%</p> <p><i>Inpatient:</i> Up to 60 days/year</p> <p><i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)</p>	<p>Network: 80%</p> <p>Out-of-network: 60%</p> <p><i>Inpatient:</i> Up to 60 days/year</p> <p><i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)</p>
<i>Skilled nursing facility</i>	<p>Network: 90% when preauthorized</p> <p>Out-of-network: 70% when preauthorized</p>	<p>Network: 80% when preauthorized</p> <p>Out-of-network: 60% when preauthorized</p>	<p>Network: 80% when preauthorized</p> <p>Out-of-network: 60% when preauthorized</p>
<i>Smoking cessation</i>	<p>Network: 100%</p> <p>Out-of-network: 70%</p> <p>Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Aetna at 100%.</p>	<p>Network: 100%</p> <p>Out-of-network: 60%</p> <p>Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Aetna at 100%.</p>	<p>Network: 100%</p> <p>Out-of-network: 60%</p> <p>Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Aetna at 100%.</p>

<i>Temporomandibular joint (TMJ) disorders</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services	Network: 80% when preauthorized Out-of-network: 60% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services	Network: 80% when preauthorized Out-of-network: 60% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services
<i>Transplants (certain services only)</i>	Network: 100% when preauthorized Out-of-network: 70% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare SM before a transplant will be covered.	Network: 100% when preauthorized Out-of-network: 60% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare SM before a transplant will be covered.	Network: 100% when preauthorized Out-of-network: 60% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare SM before a transplant will be covered.
<i>Urgent care (ear infections, high fevers, minor burns, etc.)</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%	Network: 80% Out-of-network: 60%

Group Health

Plan Feature	Group Health Gold	Group Health Silver	Group Health Bronze
<i>Provider choice</i>	You choose a Group Health primary care physician (PCP), who provides and coordinates most of your care through the Group Health network; you may also self-refer to Group Health staff specialists. There's no coverage for out-of-network care unless indicated and approved/referred.		
<i>Annual deductible</i>	None		
<i>Copay, unless otherwise indicated</i>	You pay \$20	You pay \$35	You pay \$50
<i>After copays, the plan pays most covered services at these levels until you reach the annual out-of-pocket maximum</i>	Network: 100% Out-of-network: Limited emergency/out-of-area care		
<i>Annual out-of-pocket maximum</i>	Network: \$1,000/ person or \$2,000/ family Out-of-network: Limited emergency/out-of-area care	Network: \$2,000/ person or \$4,000/ family Out-of-network: Limited emergency/out-of-area care	Network: \$3,000/ person or \$6,000/ family Out-of-network: Limited emergency/out-of-area care
<i>After you reach the annual out-of-pocket maximum, most benefits are paid for the rest of the calendar year at this level</i>	Network only: 100%		
<i>Lifetime maximum</i>	No limit		

Covered Expenses	Group Health Gold	Group Health Silver	Group Health Bronze
Alternative care (including medically necessary acupuncture, massage therapy and naturopathy)	Self-referrals to a network provider: \$20 copay/visit Up to 8 visits/medical diagnosis/calendar year for acupuncture Up to 3 visits/medical diagnosis/calendar year for naturopathy, except for chiropractic services All other alternative care requires PCP referral.	Self-referrals to a network provider: \$35 copay/visit Up to 8 visits/medical diagnosis/calendar year for acupuncture Up to 3 visits/medical diagnosis/calendar year for naturopathy, except for chiropractic services All other alternative care requires PCP referral.	Self-referrals to a network provider: \$50 copay/visit Up to 8 visits/medical diagnosis/calendar year for acupuncture Up to 3 visits/medical diagnosis/calendar year for naturopathy, except for chiropractic services All other alternative care requires PCP referral.
Ambulance services	80% (except hospital-to-hospital ground transfers, which are covered at 100% when initiated by Group Health)		
Chemical dependency treatment (requires preauthorization)	<i>For inpatient care:</i> 100% after \$200 copay/admission <i>For outpatient care:</i> 100% after \$20 copay/visit Up to \$14,500 in 24 consecutive months (maximum subject to annual adjustment)	<i>For inpatient care:</i> 100% after \$400 copay/admission <i>For outpatient care:</i> 100% after \$35 copay/visit Up to \$14,500 in 24 consecutive months (maximum subject to annual adjustment)	<i>For inpatient care:</i> 100% after \$600 copay/admission <i>For outpatient care:</i> 100% after \$50 copay/visit Up to \$14,500 in 24 consecutive months (maximum subject to annual adjustment)
Chiropractic care and manipulative therapy (like all services, must be medically necessary)	100% after \$20 copay/visit	100% after \$35 copay/visit	100% after \$50 copay/visit
Diabetes care training	100% after \$20 copay/visit	100% after \$35 copay/visit	100% after \$50 copay/visit
Diabetes supplies (insulin, needles, syringes, lancets, etc.)	Covered under prescription drugs	Covered under prescription drugs	Covered under prescription drugs
Durable medical equipment, prosthetics and orthopedic appliances	80% when preauthorized	50% when preauthorized	50% when preauthorized
Emergency room care	Network: 100% after \$100 copay/visit (\$100 copay is waived, but \$200 copay/admission for hospital care applies if admitted) Out-of-network: 100% of reasonable and customary expenses after \$150 copay/visit (\$150 copay is waived but \$200 copay/admission for hospital care applies if admitted) Non-emergency care is not covered.	Network: 100% after \$100 copay/visit (\$100 copay is waived, but \$400 copay/admission for hospital care applies if admitted) Out-of-network: 100% of reasonable and customary expenses after \$150 copay/visit (\$150 copay is waived, but \$400 copay/admission for hospital care applies if admitted) Non-emergency care is not covered.	Network: 100% after \$100 copay/visit (\$100 copay is waived, but \$600 copay/admission for hospital care applies if admitted) Out-of-network: 100% of reasonable and customary expenses after \$150 copay/visit (\$150 copay is waived, but \$600 copay/admission for hospital care applies if admitted) Non-emergency care is not covered.
Family planning	100% after \$20 copay/visit Infertility treatment is not covered.	100% after \$35 copay/visit Infertility treatment is not covered.	100% after \$50 copay/visit Infertility treatment is not covered.
Growth hormones	Covered under prescription drugs if medical coverage has been continuous for more than 12 months under this plan whether or not the growth disorder existed before plan coverage		
Hearing aids	100%, up to \$300/ear in 36 months		

Covered Expenses	Group Health Gold	Group Health Silver	Group Health Bronze
Home health care	100%		
Hospice care	100% when preauthorized Certain limits apply; call plan for details.		
Hospital care	100% after \$200 copay/admission	100% after \$400 copay/admission	100% after \$600 copay/admission
Inpatient care alternatives	100% when preauthorized		
Lab, X-ray and other diagnostic testing	100%		
Maternity care	<i>For delivery and related hospital care:</i> 100% after \$200 copay/admission <i>For prenatal and postpartum care:</i> 100% after \$20 copay/visit	<i>For delivery and related hospital care:</i> 100% after \$400 copay/admission <i>For prenatal and postpartum care:</i> 100% after \$35 copay/visit	<i>For delivery and related hospital care:</i> 100% after \$800 copay/admission <i>For prenatal and postpartum care:</i> 100% after \$50 copay/visit
Mental health care (when deemed appropriate, 2 unused outpatient visits may be traded for 1 inpatient day, or vice versa; requires preauthorization)	<i>For inpatient care:</i> 100% after \$200 copay per admission, up to 12 days/year <i>For outpatient care:</i> 100% after \$20 copay/individual, family, couple or group session, up to 20 visits/year	<i>For inpatient care:</i> 100% after \$400 copay per admission, up to 12 days/year <i>For outpatient care:</i> 100% after \$35 copay/individual, family, couple or group session, up to 20 visits/year	<i>For inpatient care:</i> 100% after \$600 copay per admission, up to 12 days/year <i>For outpatient care:</i> 100% after \$50 copay/individual, family, couple or group session, up to 20 visits/year
Neurodevelopmental therapy for covered dependents age 6 and under	<i>For inpatient care:</i> 100% after \$200 copay/admission, up to 60 days/year (combined with rehabilitative services) <i>For outpatient care:</i> 100% after \$20 copay/visit, up to 60 visits/year (combined with rehabilitative services)	<i>For inpatient care:</i> 100% after \$400 copay/admission, up to 60 days/year (combined with rehabilitative services) <i>For outpatient care:</i> 100% after \$35 copay/visit, up to 60 visits/year (combined with rehabilitative services)	<i>For inpatient care:</i> 100% after \$600 copay/admission, up to 60 days/year (combined with rehabilitative services) <i>For outpatient care:</i> 100% after \$50 copay/visit, up to 60 visits/year (combined with rehabilitative services)
Out-of-area coverage—for example, while traveling or for your covered children away at school	Reciprocal benefits are available through Kaiser Permanente and affiliated HMOs; otherwise, only emergency services are covered out of area.		
Phenylketonuria (PKU) formula	100%		
Physician and other medical/surgical services	<i>For inpatient care:</i> 100% <i>For outpatient care:</i> 100% after \$20 copay/office visit	<i>For inpatient care:</i> 100% <i>For outpatient care:</i> 100% after \$35 copay/office visit	<i>For inpatient care:</i> 100% <i>For outpatient care:</i> 100% after \$50 copay/office visit
Prescription drugs—Up to a 30-day supply through network pharmacies	Generic: 100% after \$10 copay Preferred brand: 100% after \$20 copay Non-preferred brand: 100% after \$30 copay Growth hormones: 100% There's no reimbursement for prescriptions filled at out-of-network or out-of-area pharmacies.		
Prescription drug—Up to a 90-day supply through mail-order network only	Generic: 100% after \$20 copay Preferred brand: 100% after \$40 copay Non-preferred brand: 100% after \$60 copay		

Covered Expenses	Group Health Gold	Group Health Silver	Group Health Bronze
Preventive care (well-child check-ups, immunizations, routine health and hearing exams. etc.)	100% after \$20 copay/visit (according to well-child/adult preventive schedule)	100% after \$35 copay/visit (according to well-child/adult preventive schedule)	100% after \$50 copay/visit (according to well-child/adult preventive schedule)
Radiation therapy, chemotherapy and respiratory therapy	100% after \$20 copay/visit	100% after \$35 copay/visit	100% after \$50 copay/visit
Reconstructive services (includes benefits for mastectomy-related services; reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from mastectomy, including lymphedema)—Call plan for more information.	100% depending on services provided; copays may apply (including \$200 copay/admission if hospital care is required)	100% depending on services provided; copays may apply (including \$400 copay/admission if hospital care is required)	100% depending on services provided; copays may apply (including \$600 copay/admission if hospital care is required)
Rehabilitative services—Inpatient and outpatient	<p><i>For inpatient care:</i> 100% after \$200 copay/admission, up to 60 days/calendar year (combined with neurodevelopmental therapy)</p> <p><i>For outpatient care:</i> 100% after \$20 copay/visit, up to 60 visits/calendar year (combined with neurodevelopmental therapy)</p>	<p><i>For inpatient care:</i> 100% after \$400 copay/admission, up to 60 days/calendar year (combined with neurodevelopmental therapy)</p> <p><i>For outpatient care:</i> 100% after \$35 copay/visit, up to 60 visits/calendar year (combined with neurodevelopmental therapy)</p>	<p><i>For inpatient care:</i> 100% after \$600 copay/admission, up to 60 days/calendar year (combined with neurodevelopmental therapy)</p> <p><i>For outpatient care:</i> 100% after \$50 copay/visit, up to 60 visits/calendar year (combined with neurodevelopmental therapy)</p>
Skilled nursing facility	100% up to 60 days/calendar year at a Group Health-approved nursing facility		
Smoking cessation	100% for nicotine replacement therapy (including gum, patches or prescription medication) through the Group Health-designated tobacco cessation program, Free & Clear® Quit for Life™ Program, when prescribed by Group Health PCP No annual or lifetime limit		
Temporomandibular joint (TMJ) disorders	<p><i>For inpatient care:</i> 100% after \$200 copay/admission</p> <p><i>For outpatient care:</i> 100% after \$20 copay/visit</p> <p>Up to \$1,000/calendar year and a \$5,000 lifetime maximum</p>	<p><i>For inpatient care:</i> 100% after \$400 copay/admission</p> <p><i>For outpatient care:</i> 100% after \$35 copay/visit</p> <p>Up to \$1,000/calendar year and a \$5,000 lifetime maximum</p>	<p><i>For inpatient care:</i> 100% after \$600 copay/admission</p> <p><i>For outpatient care:</i> 100% after \$50 copay/visit</p> <p>Up to \$1,000/calendar year and a \$5,000 lifetime maximum</p>
Transplants (certain services only)	100% after applicable copays Medical coverage must have been continuous for more than 12 months under this plan before a transplant will be covered.		
Urgent care (ear infections, high fevers, minor burns)	100% after \$20 copay/visit	100% after \$35 copay/visit	100% after \$50 copay/visit

Covered Expenses	Group Health Gold	Group Health Silver	Group Health Bronze
<i>Vision exams</i>	100% after \$20 copay/visit, up to 1 exam/person in 12 consecutive months (Group Health covers exams only; your separate Vision Service Plan covers eye exams, prescription lenses and frames)	100% after \$35 copay/visit, up to 1 exam/person in 12 consecutive months (Group Health covers exams only; your separate Vision Service Plan covers eye exams, prescription lenses and frames)	100% after \$50 copay/visit, up to 1 exam/person in 12 consecutive months (Group Health covers exams only; your separate Vision Service Plan covers eye exams, prescription lenses and frames)

► Do you want supplemental life insurance for yourself?

You automatically receive county-paid basic life insurance equal to 1 times your base annual salary (page 7), but may purchase supplemental life for yourself equal to 1, 2, 3 or 4 times your base annual salary (rounded to the next higher \$1,000). No evidence of insurability (EOI) is required. If you die, your beneficiaries receive the amount you elect in addition to your county-paid basic life benefit.

Your basic and supplemental life automatically increase as your salary increases. Basic life increases to a maximum of \$200,000; supplemental life to a maximum of \$400,000.

Life insurance is provided through Aetna and is portable. When you end employment with the county for reasons other than disability, you may continue to pay Aetna directly for the basic and supplemental coverage you had on your last day of employment up to \$500,000 until you reach age 99. The age-specific rates you pay for the continued coverage may be different from the rates paid by active employees.

If you decline supplemental life for yourself now, or drop or reduce it later (you may drop or reduce it anytime), you may add or increase it again only when certain qualifying events occur – for example, you marry/establish a new domestic partnership or a new dependent child becomes eligible. To do so, you must submit a Life/AD&D Change form to Benefits and Retirement Operations within 30 days of the qualifying event (see the Important Facts booklet in *Your King County Benefits* for more details).

► Do you want supplemental life insurance for your family?

If you elect supplemental life insurance for yourself, you may purchase supplemental life for your eligible family members. You are the beneficiary if the family member dies. You may cover your:

- Spouse/domestic partner at 50% of your supplemental amount up to \$200,000
- Child(ren) at \$10,000 each for ages 6 months to 23 years and \$500 for ages 14 days to six months.

However, if you and your spouse/domestic partner both work for King County, you may not cover each other, and only one of you may cover your eligible children under this plan.

No EOI is required for family members except for spouse/domestic partner coverage exceeding \$100,000. When spouse/domestic partner coverage exceeds \$100,000 it is capped at that amount until EOI is approved. If EOI isn't approved, coverage remains at \$100,000.

If you terminate employment with the county and continue your own coverage under the portability option described in the previous section, you may continue to pay for a spouse/domestic partner (coverage up to \$25,000) until he/she is 99 and a child (coverage up to \$5,000) until he/she is 19 (25 if solely dependent on you for support).

If you decline supplemental life insurance for your eligible family members now, or drop them later (you may drop them anytime), you may add them again only when certain qualifying events occur – for example, you marry/establish a new domestic partnership or a new child becomes eligible. To do so,

you must submit a Life/ AD&D Change form to Benefits and Retirement Operations within 30 days of the qualifying event (see the Important Facts booklet in *Your King County Benefits* for more details).

► Monthly cost of supplemental life insurance

You must calculate your base annual salary before you can calculate your monthly cost for supplemental life insurance. To do so, multiply your hourly rate by the number of hours you work each week, then multiply the answer by 52. For example, if you earn \$20.10 per hour and work 40 hours per week, your base annual salary is $\$20.10 \times 40 \times 52 = \$41,808$.

When you've calculated your base annual salary, use it and the age-specific rates and following worksheet to calculate your total monthly cost for supplemental life insurance. Cost for you and your spouse/domestic partner is based on your age; cost for children is \$.82 regardless of the number of children covered.

Your Age	Cost of Supplemental Life/\$1,000
Under 25	\$.034
25-29	\$.041
30-34	\$.055
35-39	\$.055
40-44	\$.070
45-49	\$.111
50-54	\$.166
55-59	\$.296
60-64	\$.455
65-69	\$.781
70+	\$ 1.267

To calculate your total monthly cost for supplemental life ...

- Enter your base annual salary (BAS) here 1. \$ _____
- Enter your BAS "multiplier" (1, 2, 3 or 4) here 2. _____
- Multiply line 1 by line 2 and enter the answer here 3. \$ _____
- Round line 3 to the next higher \$1,000 and enter the amount here 4. \$ _____
- Drop the last 3 zeros from the amount on line 4 and enter the new amount here 5. \$ _____
- Enter the cost of supplemental life/\$1,000 rate for your age here 6. \$ _____
- Multiply line 5 by line 6 and enter the cost of supplemental life for you here 7. \$ _____
- If you elect supplemental life for your spouse/DP, enter .5 here; if not, enter 0 8. \$ _____
- Multiply line 7 by line 8 and enter the cost of supplemental life for your spouse/DP here 9. \$ _____
- If you elect supplemental life for children enter \$.82 here; if not, enter 0 10. \$ _____
- Add lines 7, 9 and 10 for your total monthly cost here ► \$ _____

► Do you want supplemental AD&D insurance for yourself?

You automatically receive county-paid basic accidental death and dismemberment insurance (page 7), but may purchase supplemental AD&D insurance for yourself from \$50,000 to \$500,000 in \$50,000 increments. No EOI is required. If you die in a covered accident, your beneficiaries receive the amount you elect in addition to your county-paid basic AD&D benefit. For dismemberment, paralysis and other covered losses, you receive an amount determined by the type of loss (in addition to the amount paid under your county-paid basic AD&D benefit).

AD&D insurance is provided through CIGNA.

If you decline supplemental AD&D for yourself now, or drop or reduce it later (you may drop or reduce it anytime), you may add or increase it again only during open enrollment.

► Do you want supplemental AD&D insurance for your family?

If you elect supplemental AD&D insurance for yourself, you may purchase supplemental AD&D for your eligible family members. No EOI is required. You are the beneficiary if the family member dies, is dismembered or paralyzed, or suffers other specified losses in a covered accident. You may cover your:

- Spouse/domestic partner at 50% or 100% of your supplemental amount
- Child(ren) at 10% of your supplemental amount.

However, if you and your spouse/domestic partner both work for King County, you may not cover each other, and only one of you may cover your eligible children under this plan.

If you decline supplemental AD&D insurance for your eligible family members now, or drop them later (you may drop them anytime), you may add them again only during open enrollment or when certain qualifying events occur – for example, you marry/establish a new domestic partnership or a new child becomes eligible. To do so, you must submit a Life/AD&D Change form to Benefits and Retirement Operations within 30 days of the qualifying event (see the Important Facts booklet in *Your King County Benefits* for more details).

► Monthly cost of supplemental AD&D insurance

In the following table, add across each row for those you cover to determine your total monthly cost.

If you elect this supplemental amount ...	Cost for You	Cost to Cover Your Spouse/DP at 50% of Your Amount	Cost to Cover Your Spouse/DP at 100% of Your Amount	Cost to Cover All Your Children at 10% of Your Amount
\$ 50,000	\$.85	\$.43	\$.85	\$.25
\$ 100,000	\$ 1.70	\$.85	\$ 1.70	\$.50
\$ 150,000	\$ 2.55	\$ 1.28	\$ 2.55	\$.75
\$ 200,000	\$ 3.40	\$ 1.70	\$ 3.40	\$ 1.00
\$ 250,000	\$ 4.25	\$ 2.13	\$ 4.25	\$ 1.25
\$ 300,000	\$ 5.10	\$ 2.55	\$ 5.10	\$ 1.50
\$ 350,000	\$ 5.95	\$ 2.98	\$ 5.95	\$ 1.75
\$ 400,000	\$ 6.80	\$ 3.40	\$ 6.80	\$ 2.00
\$ 450,000	\$ 7.65	\$ 3.83	\$ 7.65	\$ 2.25
\$ 500,000	\$ 8.50	\$ 4.25	\$ 8.50	\$ 2.50

► Do you want supplemental long-term disability insurance for yourself?

If you become disabled, you automatically receive county-paid basic long-term disability (LTD) insurance that combines with other sources of disability income to replace 60% of your predisability earnings (to a maximum benefit of \$6,000 a month) after a 180-day waiting period (page 7). You may elect supplemental LTD to increase the maximum benefit to \$7,200 a month and reduce the waiting period to 90 days.

If you decline supplemental LTD for yourself now or drop coverage later (you may drop coverage anytime), you may not add it again; your only opportunity to elect it is when you are first eligible.

► **Monthly cost of supplemental long-term disability insurance**

The cost of supplemental LTD is variable, depending on your base annual salary. Annually, you pay \$.19 per \$100 of salary.

You must calculate your base annual salary before you can calculate your monthly cost for supplemental LTD. To do so, multiply your hourly rate by the number of hours you work each week, then multiply the answer by 52. When you've calculated your base annual salary, divide it by 100 and multiply the answer by \$.19. This is your annual cost for supplemental LTD. To figure your monthly cost, divide the annual cost by 12.

For example, if you earn \$20.10 per hour and work 40 hours per week, your base annual salary is $\$20.10 \times 40 \times 52 = \$41,808$. The annual cost of supplemental coverage is $(\$41,808 \div 100) = \$418.08 \times \$.19 = \79.44 . That's $\$79.44 \div 12 = \6.62 a month.

► **Who are your life, AD&D and LTD insurance beneficiaries?**

Whether you elect supplemental coverage or not, you receive county-paid basic life, AD&D and LTD insurance (LTD insurance includes a survivor benefit if you die while disabled; see the LTD booklet in *Your King County Benefits*). Therefore, you need to designate beneficiaries – the people you want to receive these benefits in the event of your death. To do so, complete the Aetna Life Insurance Company Designation of Beneficiary form (page 33) and the CIGNA Group Insurance Beneficiary Designation Form (page 35) and mail the forms directly to the address found on each form. Be sure to keep copies for your records.

Provide complete information so your beneficiaries can be located if you die. You may list only the last four digits of beneficiaries' Social Security numbers if you choose, but complete Social Security numbers facilitate benefit payment.

The forms allow you to designate primary and contingent beneficiaries. If your primary beneficiaries aren't alive at the time of your death, contingent beneficiaries receive your benefit. If you name multiple beneficiaries (primary or contingent), assign the share each beneficiary receives. Shares for all primary beneficiaries need to total 100% and shares for all contingent beneficiaries need to total 100%.

For example, you might name your spouse as primary and your two children as contingents. You'd assign your spouse 100% of your insurance benefit and could assign each child 50% of the benefit or one child 60% and the other 40% – whatever combination of shares totals 100%. If your spouse isn't alive to receive the benefit in the event of your death, your contingent children receive it according to the shares you assign. (If you're married and don't list your spouse as primary with at least 50% of your benefit, your spouse should sign the spouse waiver section of the form.)

If you don't designate beneficiaries and die, the State of Washington determines beneficiaries for you:

- For life and AD&D insurance, benefits are paid to your spouse, your children, your parents or your siblings, in that order. If none of them survives you, benefits are paid to your estate.
- For long-term disability (there's a death benefit if you die while on long-term disability), the survivor benefit is paid to your spouse or eligible children, in that order. If none of them survives you, benefits are paid to your estate.

► **Who are the eligible family members you want to cover?**

List the dependents you want to cover under your benefit plans on the Dependent Enrollment Form (page 29). Parents and other relatives who aren't members of your immediate family aren't eligible for coverage, but the following dependents are (if you enroll them):

- Your spouse/domestic partner (attach a copy of your marriage certificate or complete and return the Affidavit of Marriage/Domestic Partnership, page 31)

- Your unmarried children or your spouse/domestic partner's unmarried children if they are under age 25 and chiefly dependent on you for support and maintenance, and you may claim them on your federal tax return (when you add an unmarried dependent child who is 23 or 24 years old, you pay the premium for the coverage). They may be your:
 - Biological children
 - Adopted children (or children legally placed with you for adoption or for whom you assume total or partial legal obligation for support in anticipation of adoption)
 - Stepchildren
 - Legally designated wards (legally placed foster children, children placed with you as legal guardian or children named in a Qualified Medical Child Support Order; attach appropriate documentation).

If you don't add eligible dependents now, you must wait until the next open enrollment to add them, except for certain qualifying life events such as:

- Birth or placement for adoption of a child
- Placement of a legal ward
- Marriage/establishment of a domestic partnership
- A Qualified Medical Child Support Order
- A significant change in your spouse/domestic partner's employer-sponsored coverage.

In general, when a qualifying life event occurs, you must submit Add Dependent and Life/AD&D Change forms to Benefits and Retirement Operations within 30 days of the event (see "What Happens If . . ." in *Your King County Benefits*).

► Tax implications for domestic partner health coverage

There is no cost to cover family members, but when you cover a domestic partner (DP) and his/her children for health benefits (medical, dental, vision) the IRS taxes you on the value of the coverage. This value is added to the salary shown on your paycheck (and W-2 at the end of the year), federal income and Social Security (FICA) taxes are withheld on the higher salary amount, then the value is subtracted from your salary.

If you want to add a domestic partner and his/her children for only supplemental life/AD&D insurance (and not health benefits), check the "Add this family member for supplemental life/AD&D only" box on your Family Member Enrollment Form.

Taxable values for the different combinations of health plans are shown below.

Monthly Taxable Value of Health Plans	DP Only		DP's Children		DP + DP's Children	
	2009	2008	2009	2008	2009	2008
KingCare SM Gold + Dental + Vision	\$ 652.50	\$ 577.37	\$ 377.79	\$ 341.29	\$1,030.29	\$ 918.66
KingCare SM Silver + Dental + Vision	\$ 617.00	\$ 529.39	\$ 359.13	\$ 316.07	\$ 976.13	\$ 845.46
KingCare SM Bronze + Dental + Vision	\$ 587.41	\$ 494.05	\$ 343.58	\$ 297.50	\$ 930.99	\$ 791.55
Group Health Gold + Dental + Vision*	\$ 527.82	\$ 454.82	\$ 440.40	\$ 383.37	\$ 968.22	\$ 838.19
Group Health Silver + Dental + Vision	\$ 499.54	\$ 431.32	\$ 417.79	\$ 364.58	\$ 917.33	\$ 795.90
Group Health Bronze + Dental + Vision	\$ 474.39	\$ 410.43	\$ 397.66	\$ 347.86	\$ 872.05	\$ 758.29
Dental + Vision Only (Opted Out of Medical)	\$ 60.72	\$ 66.67	\$ 66.74	\$ 72.86	\$ 127.46	\$ 139.53

*The 2009 monthly taxable value of Group Health, dental and vision coverage for Technical Employees Association employees is \$529.11 for domestic partner (compared with \$455.88 in 2008), \$441.45 for domestic partner children (compared with \$384.23 in 2008) and \$970.56 for domestic partner and domestic partner children (compared with \$840.11 in 2008).

► Do you want to participate in a Flexible Spending Account?

Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for expenses not covered through your other benefits. When you put money into an FSA you don't pay federal or Social Security (FICA) taxes on it. As a result, your taxable income is reduced and your taxes are lower.

- Health Care FSAs allow you to set aside pretax dollars to pay for certain expenses not covered by your medical, dental and vision plans (for example, copays for office visits and the cost of orthodontia not fully paid by your dental plan).
- Dependent Care FSAs allow you to set aside pretax dollars to pay for eligible dependent care expenses for your child, disabled spouse or dependent parent while you and your spouse work.

Please refer to the Flexible Spending Accounts booklet in *Your King County Benefits* for more details. If you decide to participate in the FSA program, get an FSA Enrollment Form at www.kingcounty.gov/finance/benefits/everyone/FSA.htm or from Benefits and Retirement Operations and submit it **within 30 days of when your other benefits begin**. Otherwise, you must wait for a qualifying event or the next open enrollment.

If You Leave Employment

If you leave employment, you may self-pay to continue county-paid coverage; details are provided in *Your King County Benefits* and the Exit Guide available at www.kingcounty.gov/employees/benefits. Your monthly self-pay rates for health coverage are based on what the county pays to provide the same coverage to you as an active employee. Here, for reference, are the monthly self-pay rates for 2008 and 2007.

Medical Plan	You	Spouse/Domestic Partner	Dependent Child(ren)
KingCare SM Gold	2009 ► \$ 654.84	2009 ► \$ 603.62	2009 ► \$ 317.27
	2008 ► \$ 569.94	2008 ► \$ 520.91	2008 ► \$ 273.80
KingCare SM Silver	2009 ► \$ 618.62	2009 ► \$ 567.41	2009 ► \$ 298.24
	2008 ► \$ 521.00	2008 ► \$ 471.97	2008 ► \$ 248.07
KingCare SM Bronze	2009 ► \$ 588.44	2009 ► \$ 537.22	2009 ► \$ 282.38
	2008 ► \$ 484.95	2008 ► \$ 435.93	2008 ► \$ 229.13
Group Health Gold*	2009 ► \$ 476.43	2009 ► \$ 476.43	2009 ► \$ 381.13
	2008 ► \$ 395.91	2008 ► \$ 395.91	2008 ► \$ 316.72
Group Health Silver	2009 ► \$ 447.59	2009 ► \$ 447.59	2009 ► \$ 358.07
	2008 ► \$ 371.94	2008 ► \$ 371.94	2008 ► \$ 297.55
Group Health Bronze	2009 ► \$ 421.94	2009 ► \$ 421.94	2009 ► \$ 337.54
	2008 ► \$ 350.64	2008 ► \$ 350.64	2008 ► \$ 280.50

*The 2009 monthly cost of Group Health coverage for Technical Employees Association employees is \$477.75 for the employee (compared with \$396.99 in 2008), \$477.75 for a spouse/domestic partner (compared with \$396.99 in 2008) and \$382.20 for children (compared with \$317.60 in 2008).

Dental Plan	You	Spouse/Domestic Partner	Dependent Child(ren)
Washington Dental Service	2009 ► \$ 59.42 2008 ► \$ 62.82	2009 ► \$ 52.82 2008 ► \$ 56.22	2008 ► \$ 59.96 2008 ► \$ 63.83
Vision Plan	You	Spouse/Domestic Partner	Dependent Child(ren)
Vision Service Plan	2009 ► \$ 10.65 2008 ► \$ 13.31	2009 ► \$ 9.12 2008 ► \$ 11.78	2009 ► \$ 8.12 2008 ► \$ 10.49

HIPAA Notice of Privacy Practices

This section of your guide describes how medical information about you may be used and disclosed by King County and how you can get access to this information. Please review all information carefully and, if you have any questions, contact Benefits and Retirement Operations.

► Our Obligations

We treat all personal information you provide us to administer your health benefits as confidential and, under the Health Insurance Portability and Accountability Act (HIPAA), we must:

- Maintain the privacy of any protected health information (personally identifiable medical information) you provide us when you enroll for benefit coverage, change coverage or ask for our assistance with a health benefit claim
- Provide you with this notice advising you how we handle your protected health information and informing you of our legal obligations and your rights regarding the information
- Follow the terms of this notice effective April 14, 2003.

► How We May Use and Disclose Protected Health Information

When you enroll for benefit coverage, change coverage or ask for our assistance with a health benefit claim, you provide us with confidential information such as your name and Social Security number. Sometimes, when you ask for our assistance with a claim, you may also provide us with details about the health treatments you've received and payments for services you've made. This information becomes "protected health information" when used and disclosed in the course of managing our health care operations (administering your health benefits) and facilitating payment of health claims.

Pursuant to this notice, we may use and disclose this protected health information to:

- Our employees authorized to assist in the administration of county benefit plans
- Representatives of the plans or any third party administrators with whom we have agreements to provide your benefit services.

Additionally, we may use or disclose protected health information:

- When required by law (such as in response to a court or administrative order, subpoena, discovery request, etc.)
- For purposes of workers' compensation or similar programs
- When necessary to prevent a serious threat to the health and safety of you or the public.

For all the reasons explained above, we may use and disclose your personal health information without your written authorization. In all other cases, your written authorization is required.

► Your Rights

For any protected health information provided to and maintained by us, you have the right to:

- Inspect and copy it
- Request amendments to it if it's incorrect or incomplete (we may deny amendment requests for specific reasons; for example, we deny requests to amend information we didn't create)
- Request to know to whom it's been disclosed for disclosures made after April 14, 2003 (the effective date of this notice)
- Request restrictions on what is disclosed and to whom (we try to honor restriction requests, but are not required to do so)
- Request it be communicated to you in a certain way (for instance, that we only contact you by mail or at work; we try to honor these requests, but are not required to do so).

To exercise any of these rights, contact us in writing. Mail your request to Benefits and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104-2333, or e-mail it to kc.benefits@kingcounty.gov.

► Changes to Our Privacy Practices

We reserve the right to change our privacy practices and to apply the new practices to protected health information we already have, as well as to any information we receive in the future. We will notify you if we make changes and when the changes become effective.

► Complaints

If you believe your privacy rights have been violated, you may file a complaint in writing with Benefits and Retirement Operations or the Secretary of the U.S. Department of Health and Human Services. You won't be penalized for filing a complaint.

To file a complaint with Benefits and Retirement Operations, mail it to the The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104-2333, or e-mail it to kc.benefits@kingcounty.gov.

Resource Directory

If no TTY phone number is listed, please call 711 to access the TTY Relay Service.

For Questions About ...	Contact ...
AD&D Insurance <ul style="list-style-type: none">▪ Conversion when you leave employment▪ Secure travel benefits▪ For claims, contact Benefits and Retirement Operations	CIGNA Group Insurance CIGNA Customer Service Center, P.O. Box 20310, Lehigh Valley, PA 18002-0310 Phone 1-800-557-7975 (conversion) ▪ 1-800-362-4462 (claims) Worldwide Assistance Services Inc. (secure travel benefits) Phone 1-888-226-4567 (US/Canada) ▪ 1-800-336-2485 (TTY) Fax 202-331-1528 E-mail cigna@worldwideassistance.com
Benefits – General <ul style="list-style-type: none">▪ Eligibility▪ Open enrollment and making changes▪ Flexible spending account enrollment▪ Life, AD&D and LTD insurance plan details▪ Alternate formats	Benefits and Retirement Operations The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104-2333 Phone 206-684-1556 ▪ 1-800-325-6165 x41556 (outside local calling area) Fax 206-296-7700 E-mail kc.benefits@kingcounty.gov Web www.kingcounty.gov/employees/benefits

For Questions About ...	Contact ...
Dental <ul style="list-style-type: none"> Providers Claims and appeals Other plan details 	Washington Dental Service (WDS) PO Box 75983, Seattle WA 98175-0983 Phone 1-866-229-4102 E-mail cservice@deltadentalwa.com Web www.deltadentalwa.com
Flexible Spending Accounts (FSAs) <ul style="list-style-type: none"> Account balances Reimbursement Other plan details 	FBMC PO Box 1878, Tallahassee, FL 32302-1878 Phone 1-866-879-8689 (Monday-Friday, 4 a.m.-7 p.m. Pacific) Fax 1-866-440-7145 Web www.myFBMC.com
Life Insurance <ul style="list-style-type: none"> Conversion or portability option when you leave employment Evidence of Insurability (EOI) For claims, contact Benefits and Retirement Operations 	Aetna Life Insurance Company PO Box 14547, Lexington, KY 40512-4547 Phone 1-800-826-7448 (conversion/portability) ■ 1-800-523-5065 (claims/EOI) Customer service phone 1-800-584-2983 ■ 1-800-803-5934 (fax)
LTD Insurance <ul style="list-style-type: none"> Conversion option when you leave employment Claims and appeals 	CIGNA Group Insurance CIGNA Customer Service Center, PO Box 20310, Lehigh Valley, PA 18002-0310 Phone 1-800-557-7975, ext. 7424 (conversion/portability) 1-800-362-4462 (claims) ■ 1-800-336-2485 (claims TTY) Web https://dmswebintake.group.cigna.com
Medical – General <ul style="list-style-type: none"> Providers (doctors, hospitals, etc.) Claims and appeals Identification cards Preauthorization Other plan details (covered expenses, limitations, exclusions) 	KingCareSM – Aetna, Inc. PO Box 14079, Lexington KY 40512-4079 Phone 1-800-654-3250 (medical) ■ 1-888-632-3862 (medical preauthorization) E-mail kingcare@aetna.com Web www.kingcare.com Medical Claims – Aetna Inc. PO Box 14079, Lexington KY 40512-4079 Group Health Cooperative PO Box 34585, Seattle WA 98124-1585 Phone 1-888-901-4636 E-mail info@ghc.org Web www.ghc.org
Medical – Prescriptions <ul style="list-style-type: none"> Drug formulary (covered drugs, including generic, preferred brand and non-preferred brand) Pharmacies Mail order service Filing claims and appeals Identification cards (KingCareSM members only; Group Health members use medical plan card for prescriptions) 	KingCareSM – Express Scripts, Inc. Member Reimbursements, PO Box 66583, St. Louis, MO 63166 Phone 1-800-332-2213 ■ 1-800-899-2114 (TTY) Web www.express-scripts.com Group Health Cooperative (for mail-order prescriptions) Phone 1-800-245-7979 Web www.MyGroupHealth.com
Vision <ul style="list-style-type: none"> Providers Claims and appeals Other plan details 	Vision Service Plan PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195 ■ 1-800-428-4833 (TTY) Web www.vsp.com

Regular Employee Enrollment Form



King County

Benefits and Retirement
Operations

Check one box for each benefit listed. Benefits that need no decisions – dental, vision, basic life/AD&D/LTD – aren't listed. Return **within 30 days of your hire date** to Benefits and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104-2333.

Last name _____ First _____ MI _____ Gender ☐ M ☐ F
PeopleSoft Employee ID _____ Birth date _____ Home phone (____) _____
Mailing address _____ Apt No _____ City _____
State _____ ZIP _____ Home e-mail _____
Work unit _____ Work phone (____) _____
Pay ID No _____ Work start date _____ Paid ☐ 5th and 20th ☐ Every other Thursday
King County employment ☐ Never worked for the county ☐ Worked for the county, ending employment (date) _____
Washington State Retirement System ☐ Never enrolled ☐ Previously enrolled and retired from (plan and date) _____
☐ Previously enrolled in (plan) _____

Medical

See page 7. You must attach proof of other medical coverage if you opt out!

- ☐ KingCareSM ☐ Group Health ☐ Opt Out (no medical, but covered for dental and vision)
☐ Dental/vision only for my spouse/domestic partner, but KingCareSM for me and eligible children
☐ Dental/vision only for my spouse/domestic partner, but Group Health for me and eligible children

Supplemental life for you

See page 17. BAS = base annual salary.

- ☐ Decline ☐ 1 x BAS ☐ 2 x BAS ☐ 3 x BAS ☐ 4 x BAS

Supplemental life for family

See page 17. DP = domestic partner.

- ☐ Decline ☐ Spouse/DP only at 50% of your supplemental amount
☐ Children only at \$10,000 each ☐ Spouse/DP at 50% of your amount + children at \$10,000 each

Supplemental AD&D for you

See page 18.

- ☐ Decline ☐ \$100,000 ☐ \$200,000 ☐ \$300,000 ☐ \$400,000 ☐ \$500,000
☐ \$50,000 ☐ \$150,000 ☐ \$250,000 ☐ \$350,000 ☐ \$450,000

Supplemental AD&D for family

See page 19. DP = domestic partner.

- ☐ Decline ☐ Child(ren) only at 10% of your supplemental amount
☐ Spouse/DP only at 50% of your supplemental amount ☐ Spouse/DP at 50% + children at 10% of your supplemental amount
☐ Spouse/DP only at 100% of your supplemental amount ☐ Spouse/DP at 100% + children at 10% of your supplemental amount

Supplemental LTD for you

See page 19.

- ☐ Decline ☐ Accept (increases monthly benefit maximum and reduces waiting period)

(over for more benefit elections)

Benefit Access Fee

Employees pay a \$35/month benefit access fee for covering a spouse/domestic partner on county medical insurance unless they qualify for an exception. To indicate whether or not you qualify for an exception, you must elect one of the following options for 2009. By checking an option, you affirm that the statement is true.

Effective with my enrollment in benefits, make my election:

☐ Opt Out or No SP/DP – \$0

I am either opting out or do not have a spouse or domestic partner. I understand I will not be charged a benefit access fee.

☐ No Coverage for SP/DP – \$0

I choose not to cover my spouse or domestic partner with King County medical benefits. I understand I will not be charged a benefit access fee.

☐ SP/DP is a KC Employee – \$0

My spouse or domestic partner is a King County benefit-eligible employee. I understand I will not be charged a benefit access fee.

☐ SP/DP Benefit Access Fee – \$35

My spouse or domestic partner has access to medical coverage through his/her employer; however, I choose to cover my spouse through King County and will pay the \$35 monthly access fee.

☐ SP/DP No Access to Health – \$0

My spouse or domestic partner is either not employed or his/her employer does not offer medical coverage to employees in his/her classification. I understand I will not be charged a benefit access fee.

Authorize your benefit elections

This form supersedes all previously submitted forms. I've read and understand it and the additional materials describing my benefits. The information I've provided is true, correct and complete. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment. I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form.

Employee signature _____

Date signed _____

Office Use Only	Received	Reviewed	Data Entered	Audited	Effective
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Dependent Enrollment Form



King County

Benefits and Retirement
Operations

List eligible family members (as described on page 20) you want to cover and provide all information for each family member. Please print. Copy and attach additional forms if needed. If you're adding an unmarried dependent child who is 23 or 24 years old, you pay the premium for the coverage. If you're covering a spouse/domestic partner, complete the Affidavit of Marriage/Domestic Partnership (page 31). If you want a domestic partner (DP) or DP's children covered only for supplemental life/AD&D and no health coverage (the value of DP health coverage is taxed, see page 21), check the "Add this family member for life/AD&D only" box; otherwise, leave it unchecked.

☐ Check this box if your spouse/domestic partner is also a King County employee.

1. Name _____ Relationship _____
Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____
☐ Add this family member for life/AD&D only (no health coverage)
2. Name _____ Relationship _____
Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____
☐ Add this family member for life/AD&D only (no health coverage)
3. Name _____ Relationship _____
Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____
☐ Add this family member for life/AD&D only (no health coverage)
4. Name _____ Relationship _____
Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____
☐ Add this family member for life/AD&D only (no health coverage)
5. Name _____ Relationship _____
Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____
☐ Add this family member for life/AD&D only (no health coverage)
6. Name _____ Relationship _____
Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____
☐ Add this family member for life/AD&D only (no health coverage)
7. Name _____ Relationship _____
Soc Sec No _____ Gender ☐ M ☐ F Birth Date _____
☐ Add this family member for life/AD&D only (no health coverage)

Authorize your family member enrollment

I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form.

Employee signature _____ Date signed _____

Printed name _____ Contact phone (_____) _____

Paid ☐ 5th and 20th ea month ☐ Every other Thursday PeopleSoft Employee ID _____

Affidavit of Marriage/ Domestic Partnership



King County

Benefits and Retirement
Operations

Check all boxes that apply

- ☐ Add my spouse/domestic partner (DP) for benefit coverage.
- ☐ This form documents my marriage/domestic partnership, but don't add my spouse/domestic partner for coverage at this time.
- ☐ My spouse/DP is also a King County employee.

Check one box and provide the date

- ☐ I (employee) certify my spouse (named below) and I legally married (date) _____.
- ☐ I (employee) certify my domestic partner (named below) and I began our domestic partnership (date) _____ and we:

- Share the same regular and permanent residence
- Have a close personal relationship
- Are jointly responsible for *basic living expenses**
- Aren't married to anyone
- Are both 18 years of age or older
- Aren't related by blood closer than would bar marriage in the State of Washington
- Were mentally competent to consent to contract when our domestic partnership began, and
- Are each other's sole domestic partners and are responsible for each other's common welfare.

* "Basic living expenses" means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. Individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.

Confirm you understand this affidavit and have provided accurate information

I (employee) understand this affidavit will no longer be effective if my spouse/domestic partner dies or if there is a change of circumstances attested to in this affidavit. I agree to notify Benefits and Retirement Operations or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 30 days of such change by filing a Delete Family Member form. I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.

We (employee and spouse/domestic partner) understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law. We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law. We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership. We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.

Employee signature _____ Date signed _____

Printed name _____ Contact phone (_____) _____

Paid ☐ 5th and 20th ea month ☐ Every other Thursday PeopleSoft Employee ID _____

Spouse/DP signature _____ Date signed _____

Printed name _____

